PART B - FEE(S) TRANSMITTAL

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Modified PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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APPLICATION 1	NO. FILIN	G DATE	FIRST NAMED IN	VENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.	
10/774,711	02/0	09/2004 Nidham Ben RA		CHED	ED Q102215		9556	
TITLE OF INVENTION METHOD	ON: METHOD OF P	ROCESSING A) RECEIVEI	R AND RADIO RECEIV	ER FOR THE IM	PLEMENTATION OF THE	
APPLN. TYPE	APPLN. TYPE SMALL ISSUE ENTITY		EE PUBLICATION FEE		EV. PAID ISSUE FEE	TOTAL FEE(S) DATE DUE DUE		
nonprovisional	NO	NO \$1440.00)	\$0.00	\$1,740.00	04/15/2008	
	EXAMINER				CLASS-SUBCLASS			
	2611	•	375-148000					
☐ Change of corresponder of C	Change of correspondence address or indication of "Fee Address" (37 □ Change of correspondence address (or Change of Correspondence Ad PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/S 03-02 or more recent) ATTACHED. Use of a Customer Number is requ				2. For printing on the patent front page list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
recordation as set forth (A) NAME OF ASSIC Alcatel Lucent	in 37 CFR 3.11. Co NEE (B) RESI Paris, Fra	mpletion of this f DENCE: (CITY a	orm is NOT a substitut and STATE OR COUN	e for filing ar	n assignment.		document has been filed for	
4a. The following fee(4/11/超仍容从和形数LR3 000(☑ Publication Fee (No	Please check the appropriate assignee category or categories (will not 4a. The following fee(s) are submitted: 1/2008-UARBELR3 00000025 194880 10774711 Publication Fee (No small entity discount permitted) Advance Order - # of Copies			be printed on the patent): ☐ Individual ☑ Corporation or other private group entity ☐ Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form 1310-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).				
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Authorized Signature	Authorized Signature /Kelly G. Hyndman 39,234			Date		April 10, 2	2008	
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